

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT		POLICE CASE NO. 2007-29032	
SPECIAL OPERATION: <input type="checkbox"/> FELONY <input checked="" type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF		JAIL NO.		PMHD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> WARRANT <input type="checkbox"/> FUGITIVE WARRANT: <input type="checkbox"/> In state <input type="checkbox"/> Out of state		MUNICIPAL P.D. DEF. ID NO.		COURT CASE NO.	
IDS NO.		AGENCY CODE 02		MDPD RECORDS AND ID NO. 8448	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) 027051LPINAR, BIROL		ALIAS and / or STREET NAME		STUDENT ID NO.	
DOB (MM/DD/YYYY) 06/18/66 AGE 41 RACE W SEX M <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		HEIGHT 5'10" WEIGHT 165 HAIR COLOR BL HAIR LENGTH Med HAIR STYLE WAV EYES BR		GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) N/A		PLACE OF BIRTH (City, State/Country) TURKEY		SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500	
LOCAL ADDRESS (Street, Apt. Number) 448 OCEAN DR #302 MIA BEACH, FL		(City) (State) (Zip)		PHONE	
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN		(City) (State/Country) (Zip)		PHONE	
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS		(Street) (City) (State/Country) (Zip)		PHONE	
DRIVER'S LICENSE NUMBER / STATE N/A		SOCIAL SECURITY NO. N/A		WEAPON SEIZED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ARREST DATE (MM/DD/YYYY) 07/26/2007		ARREST TIME (HHMM) 0155		ARREST LOCATION (Include name of business) 448 OCEAN DR #302	
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR	
JUV only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name) (Street, Apt. Number) (City) (State/Country)		Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CHARGES		CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT
1. OFFERING TO COMMIT PROSTITUTION		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	79607	20
2.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
3.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
4.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD			
WARRANT TYPE OR TRAFFIC CITATION <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #: <input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:					
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the 26 day of JULY , 20 07 , at 0155 (HHMM) at 448 OCEAN DRIVE #302 (Location, include name of business) (Narrative, be specific) DEF. WAS CONTACTED, VIA CRAIGSLIST, & AGREED TO PROVIDE FULL SERVICE SEX FOR \$150-. UPON ARRIVAL DEF. STATED THAT IT WAS SHE WHO I HAD spoken to on phone. TAKE DOWN SIGN GIVEN & DEF. PLACED UNDER ARREST BY DET. DOZIER (#343).					
HOLD FOR OTHER AGENCY		VERIFIED BY		PAGE 1 OF 1	
Name:		<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing).		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the date, time, and place of the hearing shall be sent to the County Clerk, Office of the State Attorney (Juvenile Division) anytime that my address changes. <input type="checkbox"/> You are hereby notified that you must follow the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME		HEARING JUDGE Signature of Defendant / Juvenile and Parent or Guardian	
OFFICER'S / COMPLAINANT'S SIGNATURE		THE UNDERSIGNED AUTHORITY THIS			
NAME (Printed)		DAY OF			
AGENCY NAME		Deputy of the Court or County Public			

Officer Information

2007-29432 URB

OFFICER NAME <i>No/Ar</i>	Evidence Confiscated (Y/N)	Dist/Section <i>02</i>	I.D. No.	Phone	Cell <i>5MT</i>	Pager <i>120-0300</i>	Shift (Days Off/Duty Hrs.)
<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					
OFFICER NAME <i>Dozier</i>	Evidence Confiscated (Y/N)	Dist/Section <i>02</i>	I.D. No.	Phone	Cell <i>5MT</i>	Pager <i>120-0300</i>	Shift (Days Off/Duty Hrs.)
<input type="checkbox"/> LEAD <input type="checkbox"/> RESPONDING <input type="checkbox"/> ARRESTING <input type="checkbox"/> TRANSPORTING		DUI ONLY: <input type="checkbox"/> (W) <input type="checkbox"/> (RS) <input type="checkbox"/> (B) <input type="checkbox"/> (M) <input type="checkbox"/> (MW) <input type="checkbox"/> (IC) <input type="checkbox"/> (ICW) <input type="checkbox"/> (BAFF) <input type="checkbox"/> (BAFFW) <input type="checkbox"/> (DRE) <input type="checkbox"/> (20MINOBS)					
OFFICER NAME	Evidence Confiscated (Y/N)	Dist/Section	I.D. No.	Phone	Cell	Pager	Shift (Days Off/Duty Hrs.)
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☐ VICTIM ☐ WITNESS ☐ OWNER FOR DV ONLY: (1) Relationship to defendant: _____: (2) ☐ DCF contacted; (3) ***list all child witnesses

Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
Synopsis of Testimony:									

☐ VICTIM ☐ WITNESS ☐ OWNER FOR DV ONLY: (1) Relationship to defendant: _____: (2) ☐ DCF contacted; (3) ***list all child witnesses

Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
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Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
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Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
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Name (Last)	(First)	(Middle)	(Race)	(Sex)	(Date of Birth)	OTHER PHONE #'S			
Home Address (Street, Apt. Number)					(City)	(State)	(Zip)	(Phone)	Cell
Business or Other Address					(City)	(State)	(Zip)	(Phone)	Pgr
Address Source: <input type="checkbox"/> Verbal <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's I.D. <input type="checkbox"/> Other					D.L.#		Wrk		
Synopsis of Testimony:									

COMPLAINT/ARREST AFFIDAVIT - SAO COPY - REVERSE

Transport Officer (s) Det. Castillo, C. Cruz ID# 777-715 Dept# 02 Taken To DCJ
 Transport Officer (s) _____ ID# _____ Dept# _____ Taken To _____
 Transport Officer (s) _____ ID# _____ Dept# _____ Taken To _____

Does defendant have any signs/complaints of injury? ☐ YES ☐ NO Indicate any signs or complaints of injury regardless whether they happened prior to, during, or after arrest, or whether they have any connection to the arrest at all.

Yes, complete below data/notify supervisor)

Complain: _____

 Name and Rank of Supervisor Notified: _____

Defendants Vehicle

YEAR	MAKE	MODEL	TAG	STATE	VIN	COLOR

OWNER/DRIVER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released to: _____ Left on Scene? ☐ YES ☐ NO
 (Print Name - Signature) D/L # State

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

Signature of Owner/Driver/Designee _____ Signature of Officer Witnessing _____ ID # _____